

RENEWAL

CITY OF PLEASANT HILL

BUSINESS LICENSE APPLICATION

Please type or print.

Return this form with Tax to:

City of Pleasant Hill Business License Dept. 100 Gregory Lane Pleasant Hill, CA 94523-3323 (925) 671-5234

___ HOME OCCUPATION_

☐ NEW BUSINESS	Make changes in printed informati	on where necessary.	(525) 67 1-5204
IF YOU ARE NO LONGER CONDUCTION	NG RUSINESS IN PLEASANT HILL	SIGN HERE	
DATE OUT OF BUSINESS		NED FORM TO THE CITY.)	
BUSINESS NAME	(RETURN SIGI		PLE WORKING AT THIS LOCATION (FT & PT)
DOGGLESO NAME		NO. OF FLOR	LE WORKING AT THIS LOCATION (FT & FT)
BUSINESS LOCATION (Complete Address, City, State, Zig	CANNOT BE A P.O. BOX.		
BUSINESS TELEPHONE	OWNER'S HOME TELEPHONE	DATE BUSINESS STARTED	IN PLEASANT HILL
			·
BUSINESS OWNER			OWNER'S SOCIAL SECURITY NUMBER
HOME ADDRESS (Complete Address, City, State, Zip)			
IS APPLICATION FOR SOLE PROP	PRIETORSHIP LIST ALL PARTNERS)	UST OFFICERS & TITLES)	C TRUST ATTACH SEPARATE LIST IF NECESSARY
NAME/TITLE	ADDRESS		(AREA CODE) PHONE
NAME/TITLE	ADDRESS		(AREA CODE) PHONE
Email:	Website U	JRL:	
RESALE NUMBER (BOARD OF EQUALIZATION)	STATE EMPLOYER I.D. #	FEDERAL EMPLOYE	-B L.D. NUMBER
	ALCULATE YOUR TAX, USE CATEGORY	IN SECTION C (OVER)	
Do you pay rent for office, work s Will business be conducted in you Do you lease equipment from othe Do you have any coin-operated ma "Under federal and state law, complian	erty to a business? If yes, complete back tation, storage, etc. space? If yes, complete hack of the complete back of application (Seachines (any type) on premises? If so, how STATE MANDATED SB11. It is with disability access laws is a serious and signification. You may obtain information about your legal oblige. The Division of the State Architect at www. The Department of Rehabilitation at www. The California Commission on Disability A	ete back of application (Section B). required if in Pleasant Hill; Call Plan ection B). many? Vending Business License #86 ant responsibility that applies to all California ations and how to comply with disability accessides.ca.gov/dsa/Home.aspx rehab.cahwnet.gov	ning Dept. at 671-5209) #building owners and
AFFIDAVIT: I hereby declare under penalty	of perjury, that the reported information	is true and correct to the best of	my knowledge.
SIGNATURE		DATED	
AVOID PENALTIES - F	ILE PROMPTLY ALL	BUSINESSES ARE	SUBJECT TO AUDIT
OFFICE USE ONLY:- FINANCE DEPT.		COMMUNITY DEVELOPMENT & POL	LICE DEPTS./OTHER AGENCIES
RECEIVED BY DATE	HOME OCCUP. REF'L ZONIN	IGLAND USE	HOME OCCUPATION

POLICE ______ HEALTH DEPT. ___

CASH []

_____ CHECK [] #_

__ AUDIT _

______ RECEIPT #_____

__ LICENSE #___

AMOUNT_

SIC CODE __

A If you rent commercial property to a business, please list the name	es of all the businesses you are renting space to on the lines provided.	
E List below the names and addresses of ① Person(s) from whom y operated machines located on your business premises and/or ③ ①	ou rent space (office, workstation, storage, etc.) ② Owners of coin Owners of equipment you lease. (Specify ①,②, or ③)	
_	ATION OF TAX ailing address. Enter requested data for the appropriate category only. If any, and enter them on the appropriate lines in Section D below.	
CATECODIES OF ON SE AND 17	CATECORIES 07 41 and 40. See instructions on consists	
CATEGORIES 01, 02, 05, AND 17 Applicants in business less than 12 months in the prior year	CATEGORIES 07, 41, and 42: See instructions on separate Tax Schedule	
shall compute gross receipts on an estimated 12 month basis. Amt. of Gross Receipts	07 - Non-Residential State Mandated Fee SB1186 \$1.00 Rental PropertySq. Ft. x \$ = \$	
01 = Retail/Whisie/Service \$	41 - Apartments No. of Units x \$ = \$	
02 Vending / Amusement \$	See Tax Schedule for prorating instructions. 42 = Hotels / MotelsNo. of Rooms	
05 - Service By Vehicle* * See Tax Schedule for definition of Service	CATEGORY 08:	
by Vehicle and instructions for reportable	OATEGONT OC.	
gross receipts. 17 Land Leases \$	08 - Miscellaneous Description of Business	
	CATEGORY 11:	
CATEGORY 03: See definition of Professionals on Tax Schedule.	11 - Manufacturing Flat Fee \$	
03 - Professionals: You may choose the option that results in the lower tax.	No. of Employees x \$ = \$	
OPTION A: Gross Receipts Amt. \$	TOTAL TAX \$	
Refer to category 01 on the Tax Schedule to determine tax. (If no gross receipts, you must use option B)	CATEGORIES 99 and 230: Exempt and Non-Profit, respectively Exempt from payment of tax, but must file this form.	
TOTAL TAX, OPTION A	ALL CATEGORIES PLEASE COMPLETE:	
OPTION B: Refer to category 03 on the Tax Schedule to compute tax.	TAX \$	
IMPORTANT: See definitions enclosed.	PENALTY, If any (see below) \$	
Number of Professionals x \$=\$	State Mandated Fee SB1186 \$1.00	
Number of Associates	AMOUNT ENCLOSED \$	
State Mandated Fee SB1186 \$1.00 TOTAL TAX, OPTION B \$	* WE DO NOT INVOICE — PLEASE ENCLOSE PAYMENT * BE SURE TO COMPLETE ENTIRE APPLICATION * SIGN AND DATE FRONT OF APPLICATION	
CATEGORY 06:		
06 - Administrative Office: Refer to Tax Schedule to compute tax. IMPORTANT: See definitions enclosed.	COST OF LIVING:	
Number of Professionals x \$ =\$	The Business License Ordinance provides an annual adjustment in License Tax based on the Consumer Price	
Number of Associates x \$ = \$		
Number of Employees x \$ =\$	Index.	
ENALTIES FOR LATE FILING: LIGENOF TAY IS BUT JANUARY 4 AN	UR RECOMES RELINQUENT ON FERRUARY 4 RENALTIES ARE	

PENALTIES FOR LATE FILING: LICENSE TAX IS DUE JANUARY 1 AND BECOMES DELINQUENT ON FEBRUARY 1. PENALTIES ARE 20% PER MONTH OR PORTION OF A MONTH DELINQUENT, UP TO 100%. SEE RATE SCHEDULE FOR PRORATIONING OF ANNUAL RATE.